212000114718

· +		
(Re	equestor's Name)	
		
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: AUG 2 8 2013 A. LUNT		
	<u> </u>	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	─ #)
☐ PICKJ IP	□ WAIT	MAII.
Ļ, ioksi	L ••/**	- WALL
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ļ
•		[
	AUG 28 201	13
	1-2, marr	j

Office Use Only



100251010971

08/26/13--01021--018 **60.00



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company submits the following statement in order agent, or both, in the State of Florida.	or to change its registered office or registered
1. Name of the limited liability company: 5NF P	ublications LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	Delray Boach, Florida 33483
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Pelmy Beach Florida 35463
4/4/13	L13000050242 8
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of Stage:
Registered Agent:	Jean Delauro
Registered Office Address:	701 SE 6th Are Suite 102 Delray Beach Florida 33483
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	Michael Piccerelli
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Lake worth ,FL 33460
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office cical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
James Parola	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particle to the process of the confirming filed to me address. I hereby confirm that the limited liability companies of Registered Agent	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in early reflect a change in the registered office y has been notified in writing of this change.
Division of Corporations, P.O. Box 63	327. Tallahassee. FL 32314

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	Nood Stock	sed LLC	71
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	26 P
Please return all correspond	dence concerning this matter	to the following:	TO THE
	Micha	Sel Daniels Name of Person	
	Woods	Hocked LLC Firm/Company	
	1416	ameron Dr. Address	
	Weston	1 F/ 333 City/State and Zip Code	26
	Michael (2) E-mail address: (10	the Wood Stock obe used for future annual report notificali	ed Collection.com
For further information cor	ncerning this matter, please ca	all:	
Michael D	aniels	at (<u>423)</u> <u>305-</u> Area Code & Daytime Te	2 <i>74</i> 1
Name of I	Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the	following amount		
		Page on Pill Page	
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WoodStocked LL	L
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L12000114718</u>	vere filed on 9/7/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	ELECTROPORTURAL SOCIETA
(Principal office address MUST BE A STREET ADDRESS)	MERCOCALORISTED
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14/ Cameron Ur. Weston H. 33326 P.O. Box 21246 Chattanooga, TN 37424
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	ichael Daniels
New Registered Office Address: 141 Ca	Enter Florida street address
Weston	City, Florida 33326 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name 1 **Type of Action** Robert Cuthbertson 3733 Wind Bridge Dr. WAdd Apison TN, 37302 Remove MGRM Jeffrey Cuthbertson 9990 Neadowstone Rd Wadd Remove Remove

Remove

,	•			
• ` `				
<u> </u>				
Rus	. 21, 2813.		·	
	Mila	and a		
	Signature of a men	ber or authorized represe	ntative of a member	

Page 3 of 3

Filing Fee: \$25.00

2013 機能 26 PM 24 FB